

# Eligibility Representative Designation Form

## What an eligibility representative does

You may choose an eligibility representative to help you with some or all of the responsibilities of applying for or getting MassHealth. This person must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out an application or review form and other MassHealth eligibility forms, give MassHealth proof of information given on applications, review forms, and other MassHealth forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

Under MassHealth regulations 130 CMR 516.007, MassHealth is allowed to send a copy of all applicant and member eligibility notices to the applicant's or member's institution where he or she is living, and to his or her spouse who is living at home without an Eligibility Representative Designation Form being filled out.

## Who can be an eligibility representative

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. You must designate in writing on this form (please fill out **Section I, Part A**) whom you want to be your eligibility representative. Your eligibility representative must also fill out **Section I, Part B**. If at some later time you no longer want this person to be your eligibility representative, you must send a letter stating this to: MassHealth, Privacy and Security Office, 600 Washington Street, Boston, MA 02111.

If, because of a mental or physical condition, you cannot designate in writing whom you want to be your eligibility representative, a person who is acting responsibly on your behalf can be your eligibility representative if that person certifies by filling out **Section II** that you are not able to provide a written designation, and that he or she is acting responsibly on your behalf.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out **Section III**, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or, if the applicant or member has died, the estate's administrator or executor.

**Please Note:** The applicant's or member's social security number (SSN) is required if one has been issued, unless he or she is only applying for or getting MassHealth Limited, Children's Medical Security Plan (CMSP), or Healthy Start benefits.

## SECTION I: Eligibility Representative Designation (If applicant or member is able to sign)

### Part A—to be filled out by applicant or member—please print, except for signature.

I certify that I have chosen the following person to be my eligibility representative, and that I understand the duties and responsibilities this person will have (as explained on the other side of this form).

Eligibility representative name:

Eligibility representative address:

Eligibility representative telephone no.: (       )

Relationship to you:

**My name:**

**My SSN:**

**My date of birth:**

My signature:

Date:

### Part B—to be filled out by eligibility representative

I certify that I know enough about the above applicant or member to take responsibility for the correctness of the statements made during the eligibility process, and that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form).

Eligibility representative signature:

Date:

## SECTION II: Eligibility Representative Designation (If applicant or member cannot provide written designation)

### To be filled out by eligibility representative—please print, except for signature.

I certify that I know enough about the applicant or member named below to take responsibility for the correctness of the statements made during the eligibility process, that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form), and that this person cannot provide written designation. When necessary and/or possible, I have told this person that MassHealth will send me a copy of all MassHealth eligibility notices and that this person agrees to this. When necessary and/or possible, I have also told this person that he or she may remove me as eligibility representative at any time by sending a letter to: MassHealth, Privacy and Security Office, 600 Washington Street, Boston, MA, 02111.

Eligibility representative name:

Eligibility representative address:

Eligibility representative telephone no.: (       )

Eligibility representative signature:

Date:

**Applicant/Member name:**

**Applicant/Member date of birth:**

**Applicant/Member SSN:**

Your relationship to applicant or member:

## SECTION III: Eligibility Representative Designation (appointed by law)

To be filled out by eligibility representative appointed by law (as explained on the other side of this form)—please print, except for signature. Please attach copy of applicable legal document.

**Applicant/Member name:**

**Applicant/Member SSN:**

**Applicant/Member date of birth:**

Eligibility representative name:

Eligibility representative address:

Eligibility representative telephone no.: (       )

Eligibility representative signature:

Date: